

Name
in Full

annie V. Easterday,
Boonsboro Washington

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

1897

Month

Dec

Day

18

Age

Years

Months

11

Days

23

of death

190

Sex
Occupation

Female

Color or
Race

white

Birth-
place

Maryland

Where Residing if not
at place of death

~~Married~~ Single
or ~~widowed~~

single

Name of Wife or
Husband

Father's
Name

William Easterday

Father's
Birthplace

Maryland

Mother's
Maiden Name

Laura E. Haller

Mother's
Birthplace

Maryland

Name of person giving
Information

William Easterday

How related
to deceased

Father

CAUSES OF DEATH

Primary

Mum. Group.

How long

Immediate

Suffocation

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

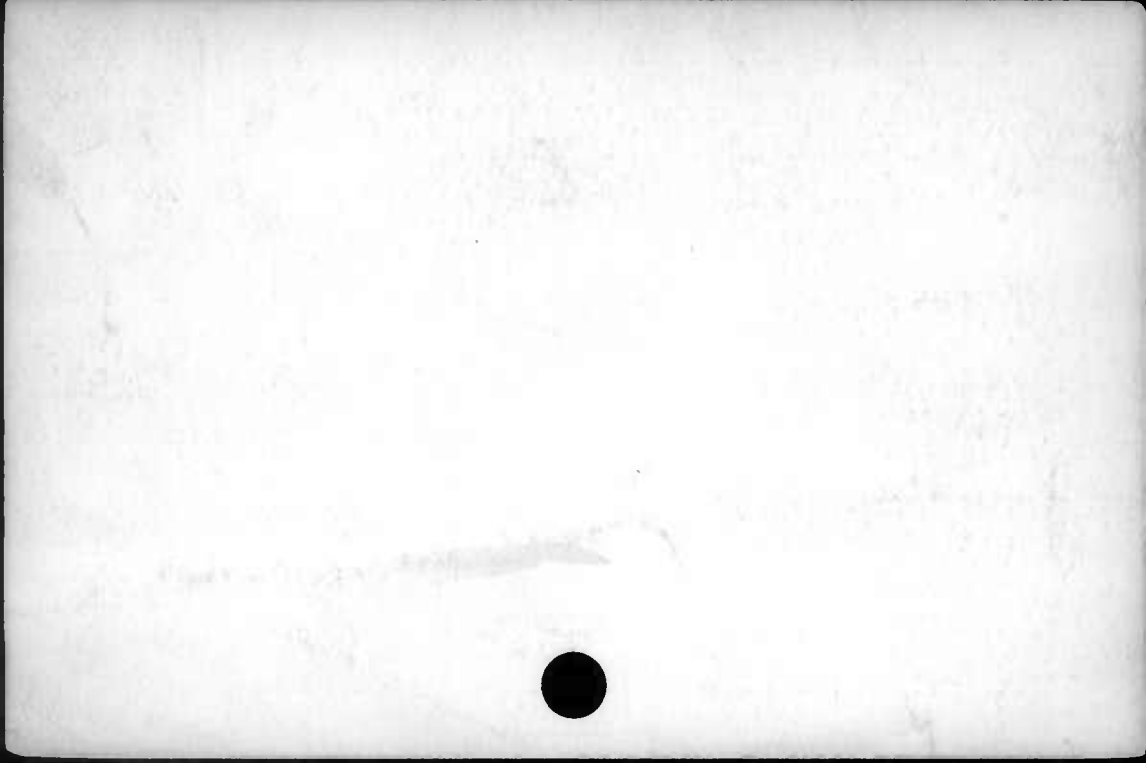
Address

S. S. Davis
Boonsboro
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Abraham Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Hagerstone* ^{County} *Washington* **MARYLAND**
 Date of death 190 ^{Month} *—* ^{Day} *—* ^{Age} *—* ^{Years} *—* ^{Months} *—* ^{Days} *—*
 Sex *Male* Color or Race *Colored* Birthplace *Unknown*
 Occupation *—* Where Residing if not at place of death *—*

Married, Single *—* or Widowed Name of Wife or Husband *—*
 Father's Name *Unknown* Father's Birthplace *Unknown*
 Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
 Name of person giving Information *—* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *—* How long *—*
 Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name

in
Full

Edward Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Town Washington County MARYLAND
 Date of death 190 Month Day Years Months Days

Sex Male Color or Race Colored Age Birthplace Unknown
 Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information How related to deceased

CAUSES OF DEATH

Primary How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lizzie Edwards</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND					
Died at <i>Hagerstown</i>		Month <i>1882</i>		Day <i>190</i>		Years <i>58</i>		Months <i></i>		Days <i></i>	
Date of death <i>1882</i>		Age <i>58</i>		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Unknown</i>		Occupation <i>Domestic</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Abraham Edwards</i>		Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>		Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>	
Name of person giving Information <i>Maria Robinson</i>		Where Residing if not at place of death <i></i>		How related to deceased <i>friend</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Accident or Suicide		Address	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Martin Estlin</i>		Town <i>Fairview</i>		County <i>Washington</i>		MARYLAND	
Died at							
Date of death	Month	Day	Years	Months	Days		
<i>1874</i>	<i>May</i>		<i>3</i>	<i>3</i>	<i>25</i>		
Sex	Color or Race		Birth-place				
<i>Male</i>	<i>White</i>		<i>Ida</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Father's Birthplace				
<i>Jacob Estlin</i>			<i>MD</i>				
Mother's Maiden Name			Mother's Birthplace				
<i>Virgine Startzman</i>			<i>MD</i>				
Name of person giving Information			How related to deceased				
<i>Jacob Estlin</i>			<i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
<i>diphtheria</i>	
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	<i>J. E. Pitswogle H. O.</i>
	Address
	<i>disinterment</i>
Accident or Suicide?	

Fair View to
Hogswallow Creek

Mahildia Eyley

Town

County

Died at

near Emmitsburg Frederick

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

April 10

Age

69 7 4

Maryland

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

7

Husband
of

Wife

Father's

Name

Jacob Eyley

Mother's

Name

Don't Know

Know

Cause of

Primary

Pneumonia

How long sick

2 weeks

Death

Immediate

Pneumonia 72

~~Accident, Suicide, Homicide~~

Reported by

W. F. Shuff undertaker

Address

Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

R. L. Arman
Emmetsburg
MD

Seen by Coroner

of

Information contained in this certificate re-
ceived from

of